



Independent and Joint Impacts of Heat and Ozone on Mortality Risk Under a Changing Climate

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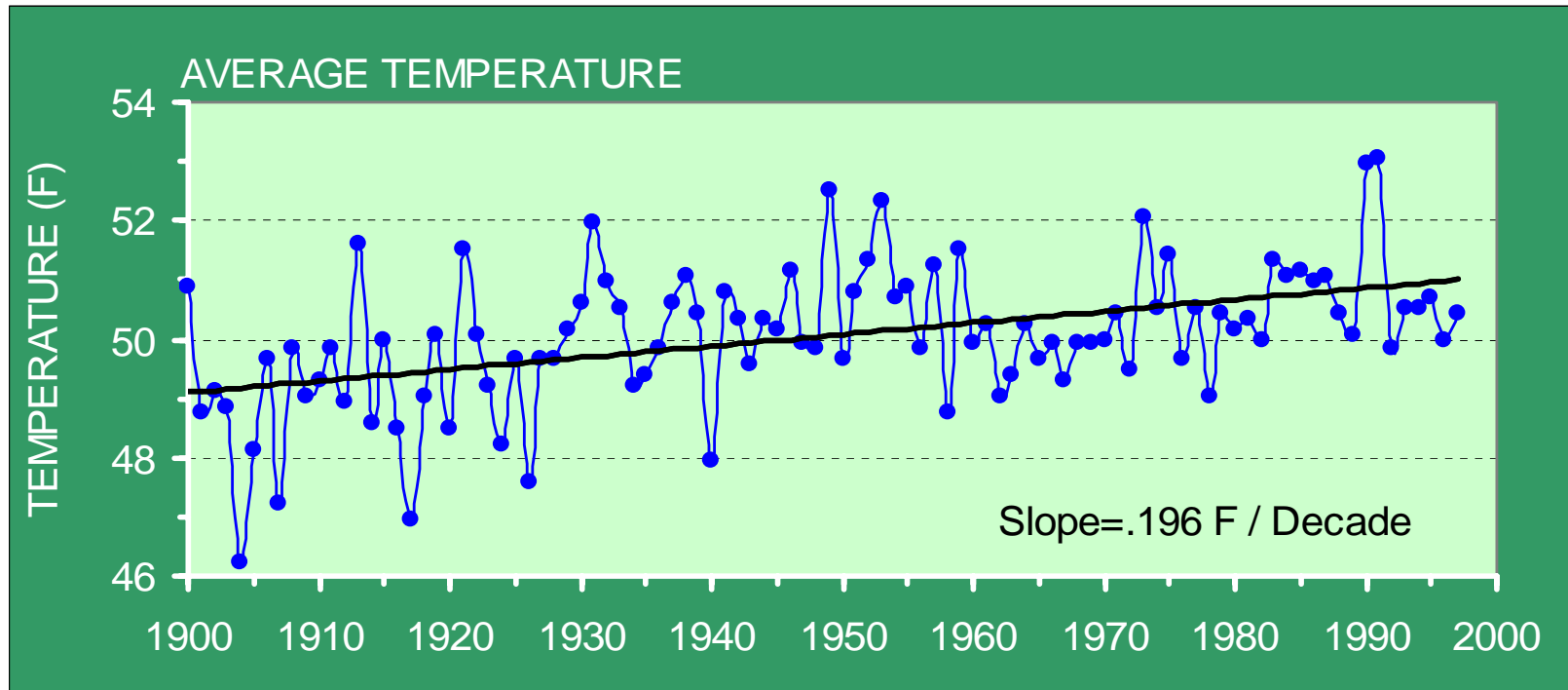
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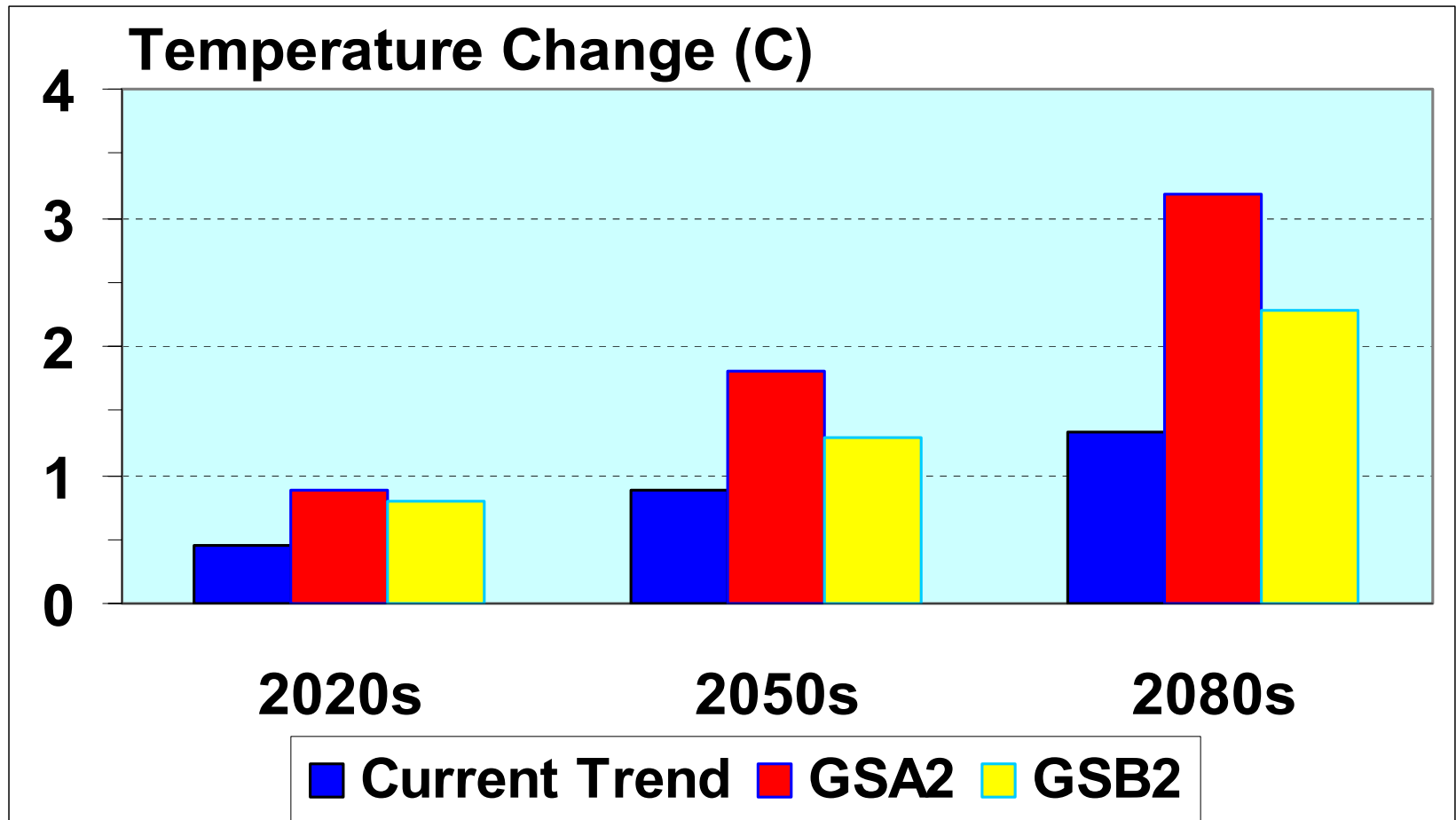
Can we assess potential future health impacts of heat and air quality at regional to local scales resulting from global climate change?

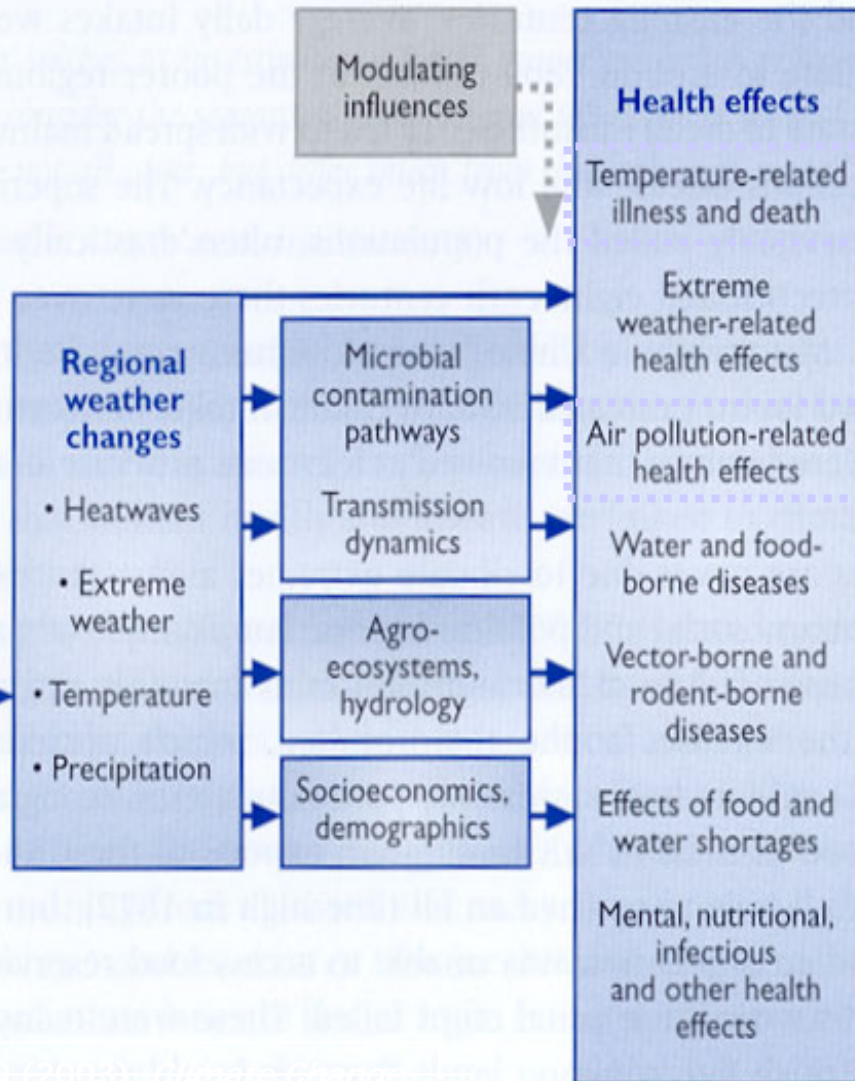
NY Regional Temperature Trends



**Note: 23-station average for 31-county region, corrected for urban heat island effect.
Graph from NASA-GISS, MEC/NYCHP Team**

Climate models predict further warming





From WHO (2003), *Climate Change and Human Health*

Climate Change and Public Health

Heat & Acute Deaths

Extreme heat events have been linked extensively to immediate increases in death counts

Though uncertainties remain, same-day mean temperature is a useful predictor of mortality risk

Shape of temperature-mortality transfer function differs by location and possibly over time

Estimation of transfer function in time series models hasn't usually taken account of air pollution effects

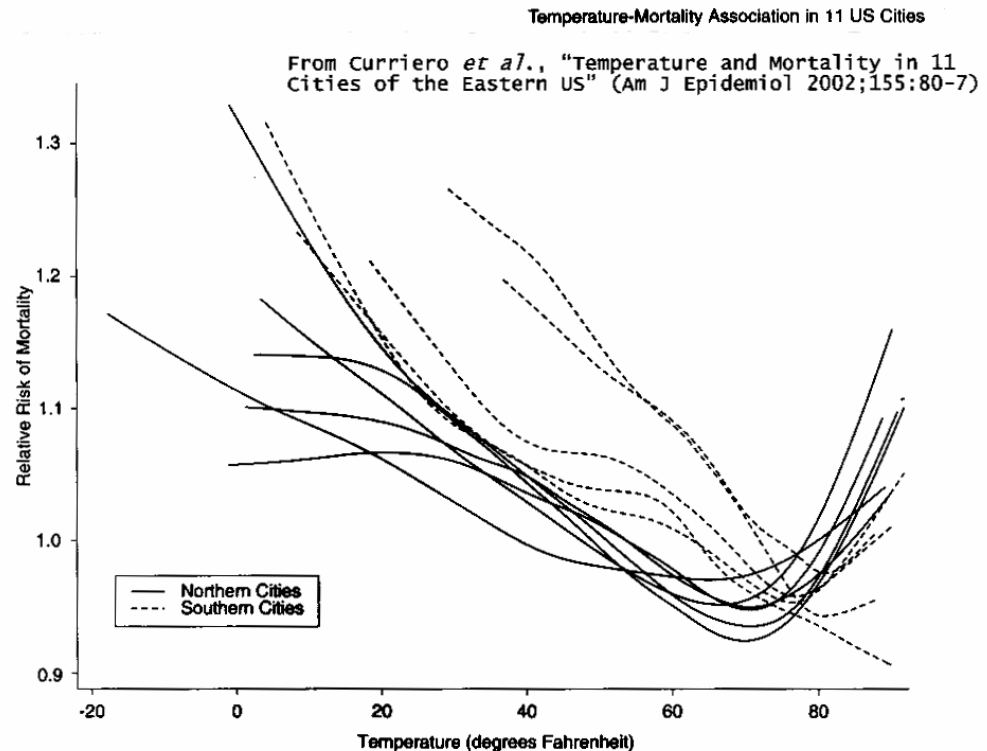
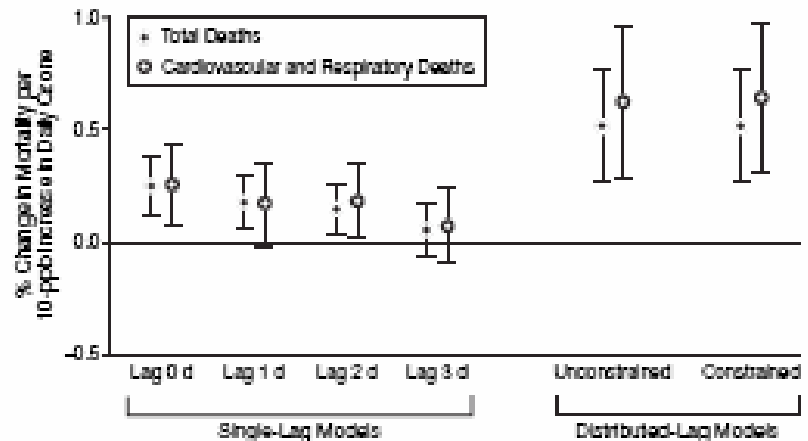


FIGURE 1. Temperature-mortality relative risk functions for 11 US cities, 1973–1994. Northern cities: Boston, Massachusetts; Chicago, Illinois; New York, New York; Philadelphia, Pennsylvania; Baltimore, Maryland; and Washington, DC. Southern cities: Charlotte, North Carolina; Atlanta, Georgia; Jacksonville, Florida; Tampa, Florida; and Miami, Florida. $^{\circ}\text{C} = 5/9 \times (^{\circ}\text{F} - 32)$.

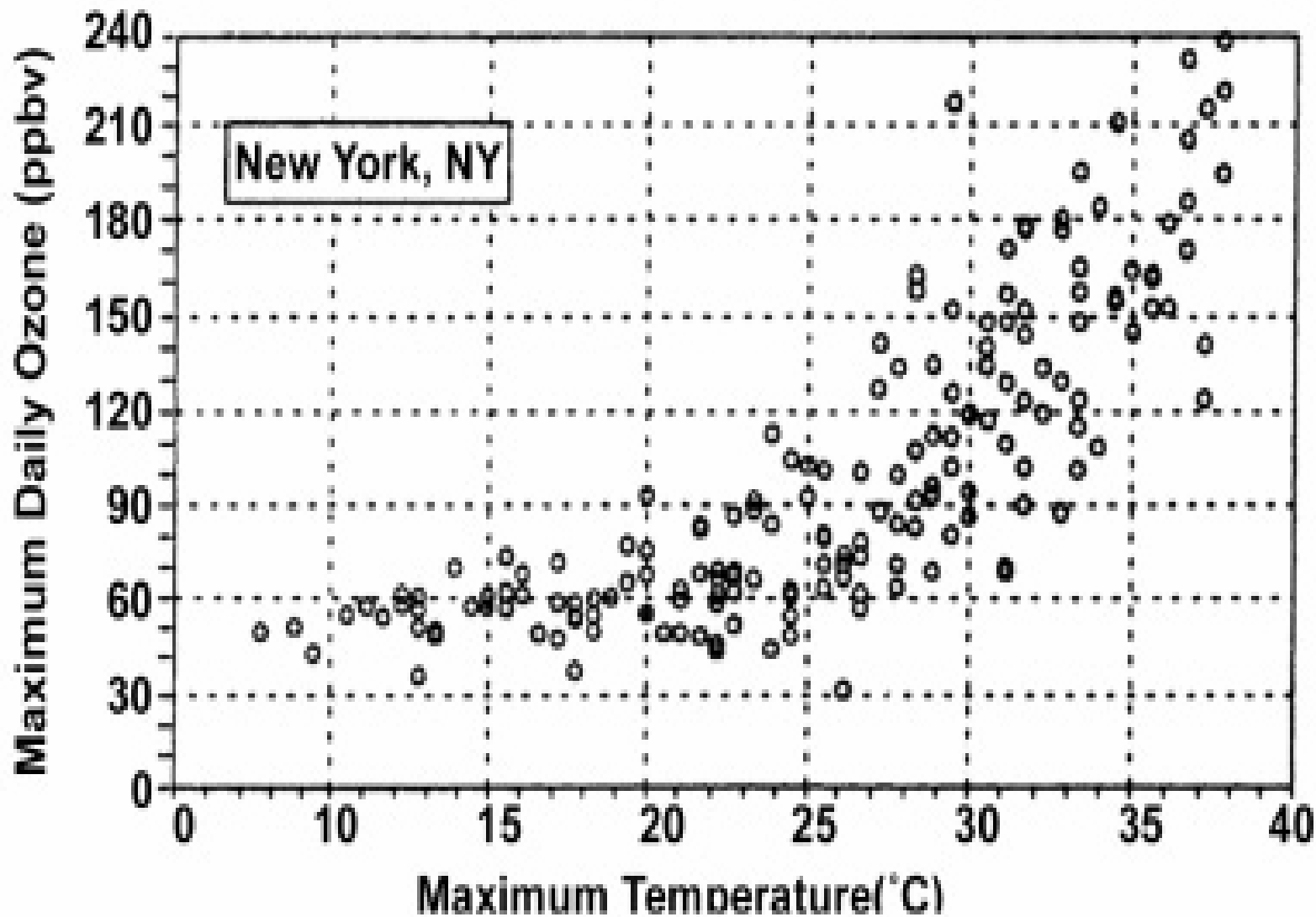
Tropospheric Ozone & Acute Deaths

- **Mortality effects of ozone have been demonstrated in time series studies, controlling for temperature and other pollutants**
 - E.g., Kinney and Ozkaynak, Environ Res 1991; Bell et al., JAMA 2004
- **Ozone formation is sensitive to temperature**
- **Effects of climate change on ozone and associated mortality risk have not been examined extensively**

Figure 1. Percentage Change in Daily Mortality for a 10-ppb Increase in Ozone for Total and Cardiovascular Mortality, for Single-Lag and Distributed-Lag Models

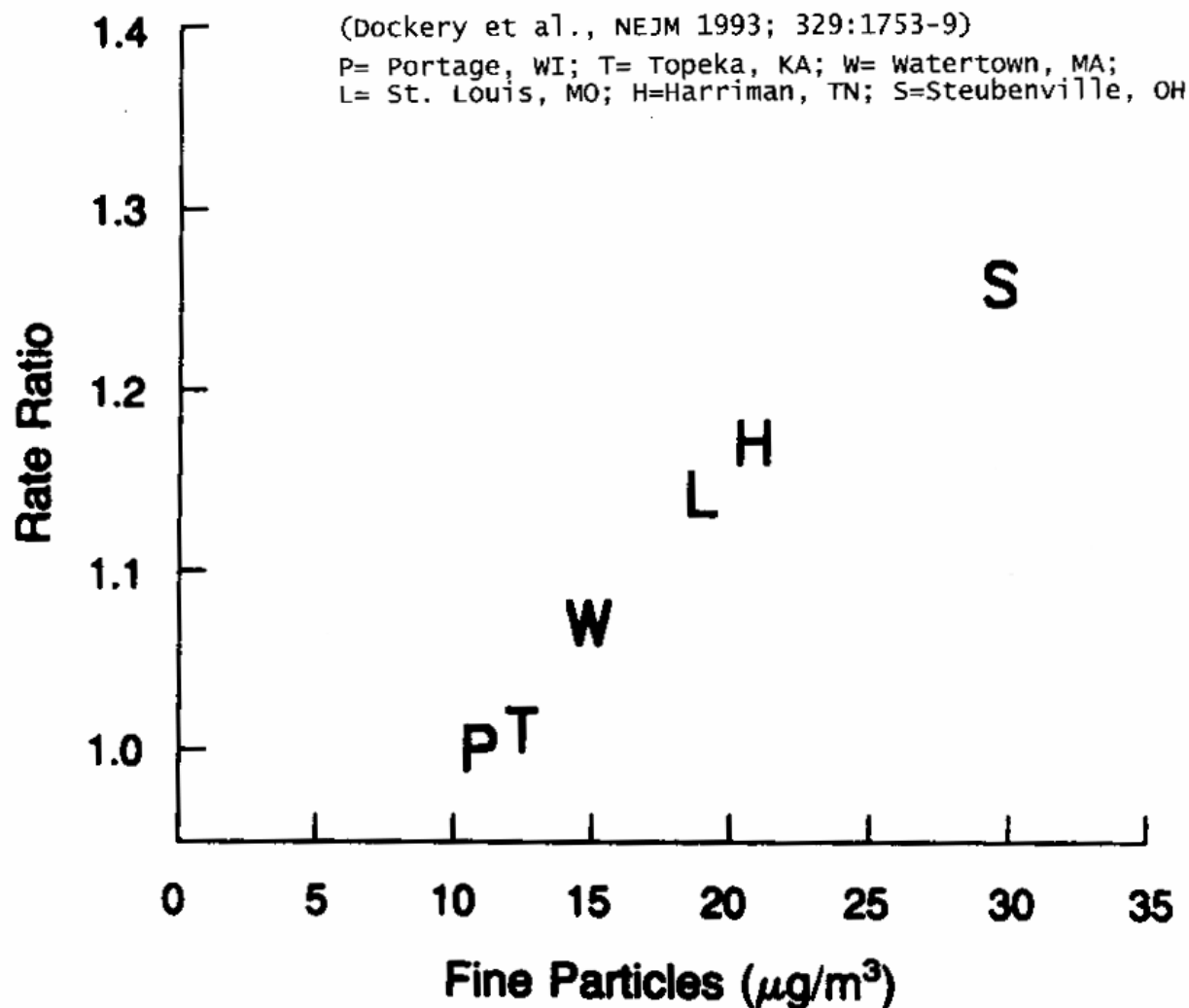


The single-lag model reflects the percentage increase in mortality for a 10-ppb increase in ozone on a single day. The distributed-lag model reflects the percentage change in mortality for a 10-ppb increase in ozone during the previous week. Error bars indicate 95% posterior intervals.



Source: US EPA (1991); in Kleinman and Lipfert, 1996.
Note threshold-90°F (32°C)

Don't Forget Particles



Motivation

High temperatures and air pollution are current mortality risk factors in urban areas like New York City

Both of these environmental factors are sensitive to climate change

It is of interest to develop an integrated modeling system for assessing potential future health impacts of heat and air pollution under various scenarios of climate change.

The New York Climate and Health Project was designed to address this need

Approach

Develop exposure-response functions for temperature, ozone, and PM₁₀ using historical data from the NYC metro area

Develop an integrated modeling system that includes modules for global climate, regional climate, and regional air quality

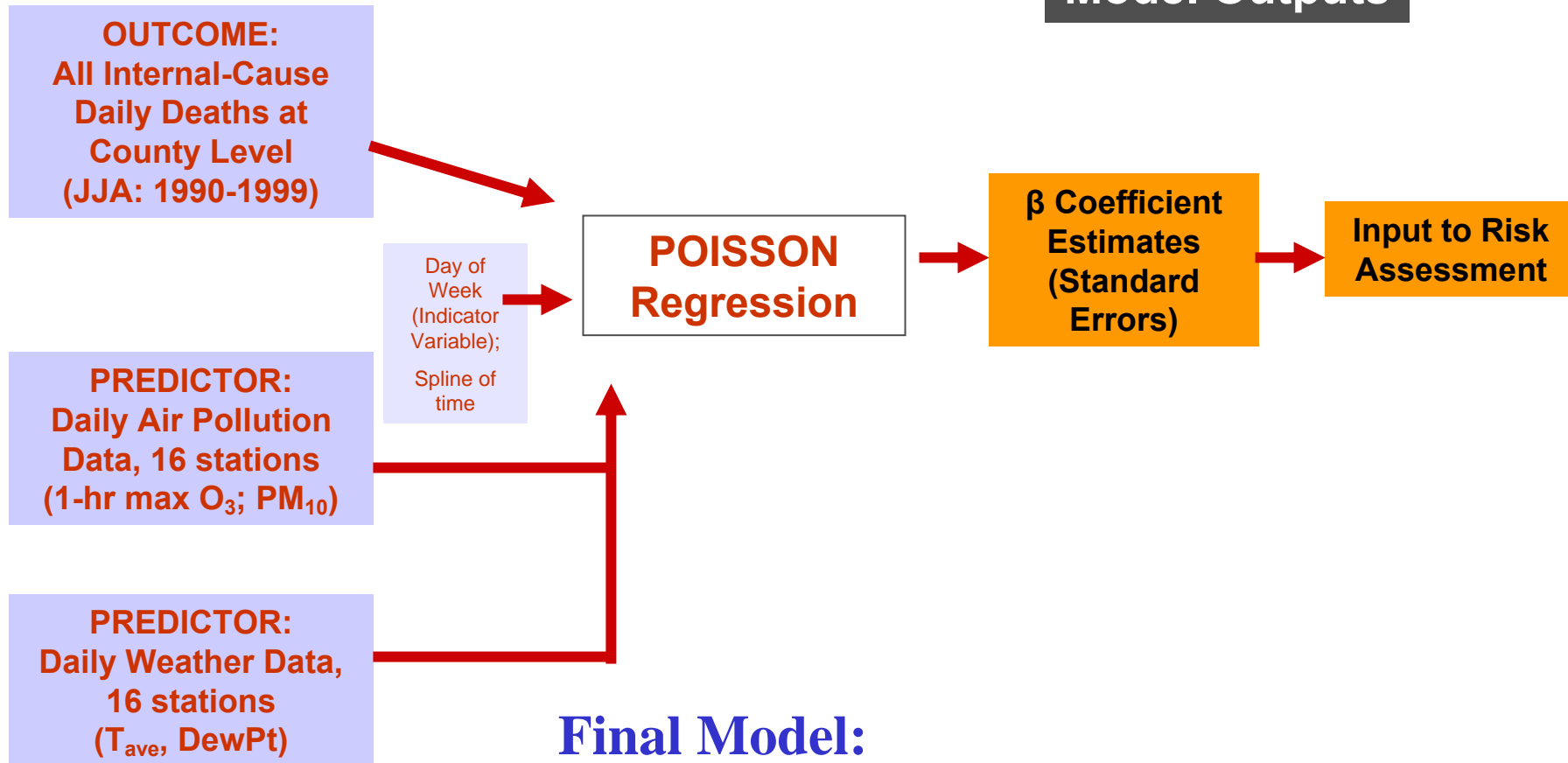
Examine alternative greenhouse gas growth scenarios

Combine to assess potential mortality risks in the NYC metro area in the 21st century

1. Develop exposure-response functions for temperature, ozone, and PM₁₀ using historical data from the NYC metro area

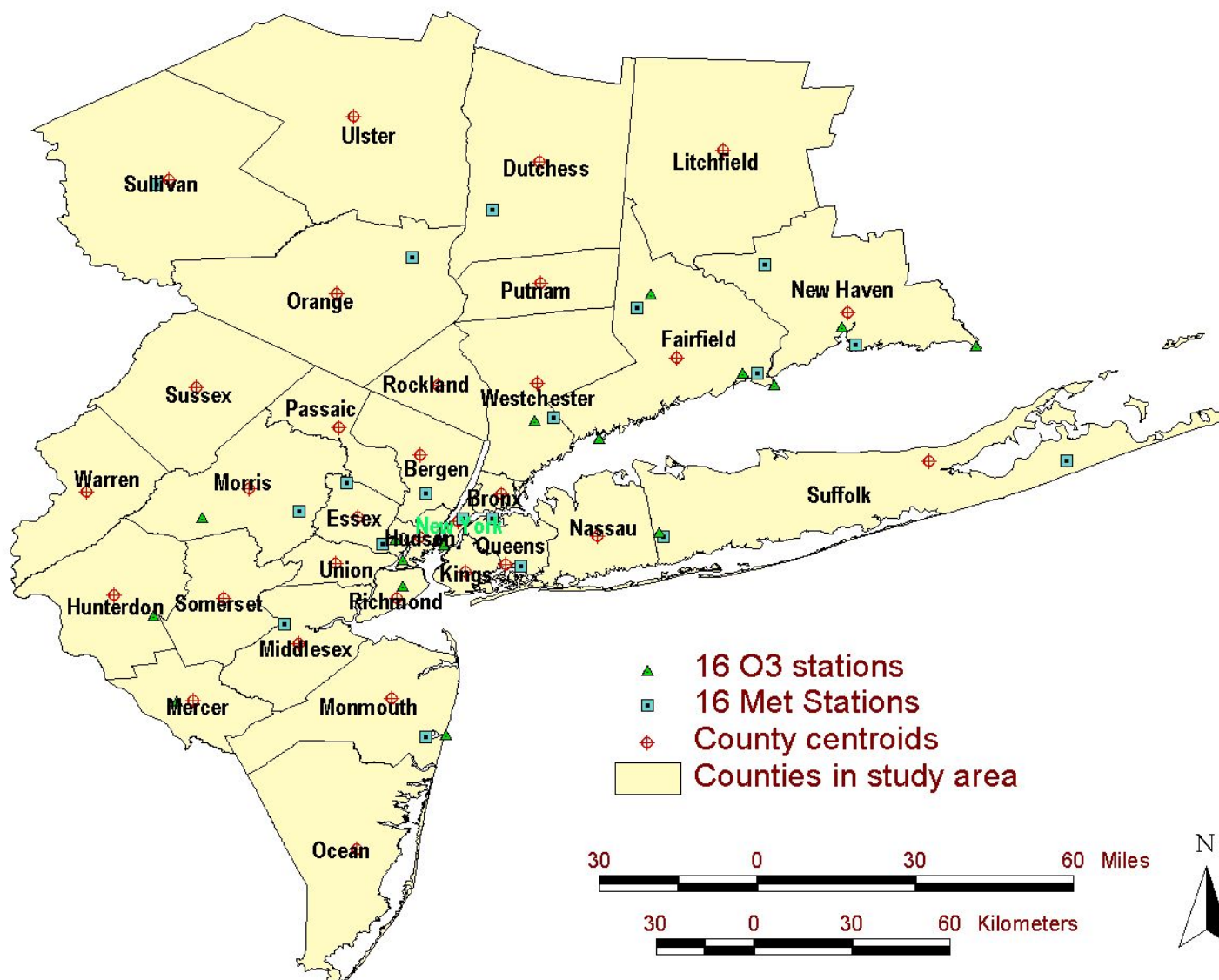
Model Inputs

Model Outputs



Final Model:

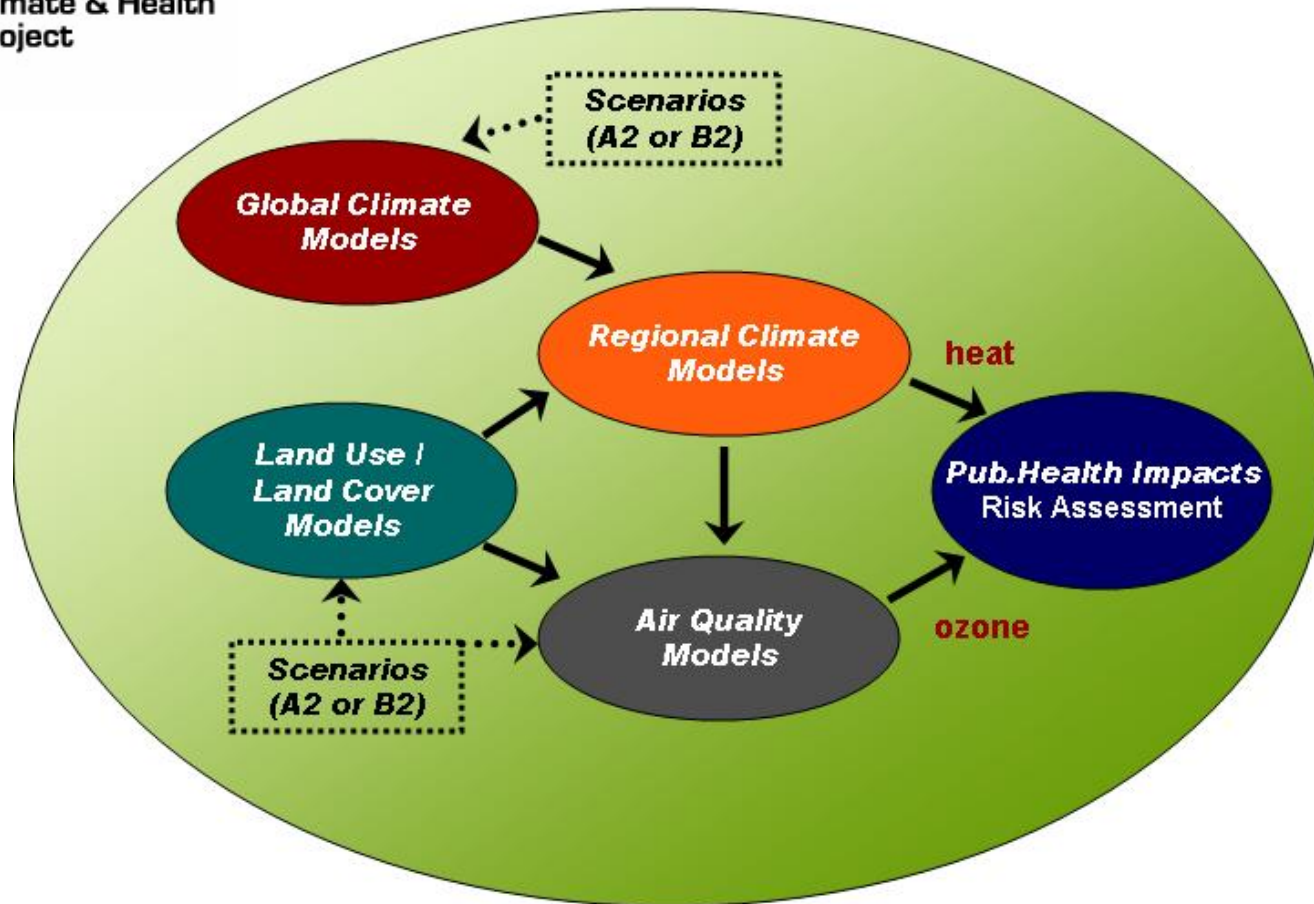
$$\log(\text{daily deaths}) = \text{DOW} + \text{spline}(\text{time}) + \beta_1(\text{mean } T_{\text{lag}0})^{1-3} + \beta_2(\text{max } O_{3 \text{ lag}0-1})$$



2. Develop an integrated modeling system that includes modules for global climate, regional climate, and regional air quality



New York
Climate & Health
Project



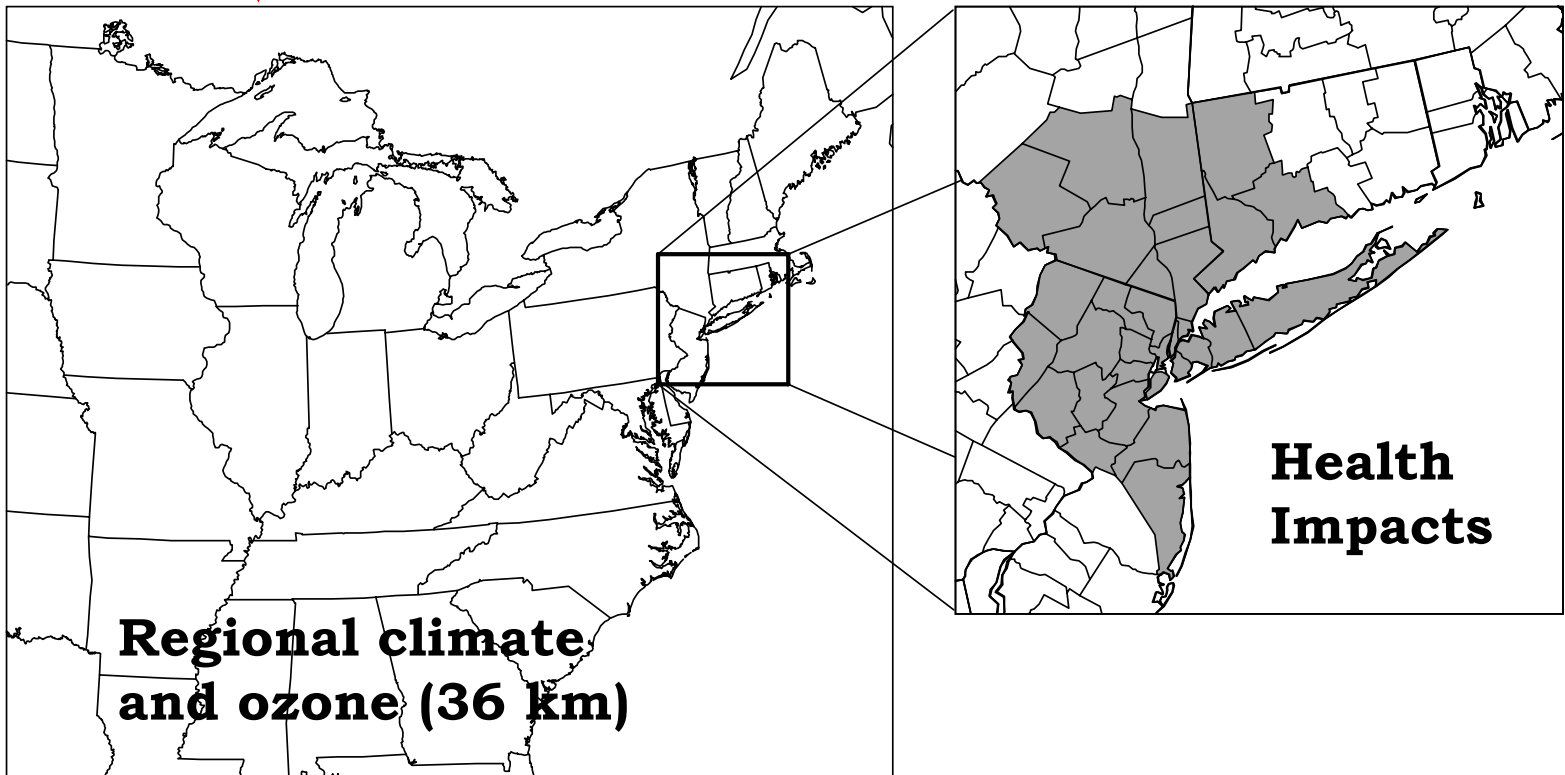
Methods 1:

Model Setup

- GISS coupled global ocean/atmosphere model driven by IPCC greenhouse gas scenarios (“A2” and “B2”)
- MM5 regional climate model takes initial and boundary conditions from GISS GCM
- MM5 is run on 2 nested domains of 108km and 36km over the U.S.
- CMAQ is run at 36km to simulate ozone
- 1996 U.S. Emissions processed by SMOKE and – for some simulations - scaled by IPCC scenarios
- Simulations periods :
 - June – August 1993-1997
 - June – August 2023-2027
 - June – August 2053-2057
 - June – August 2083-2087

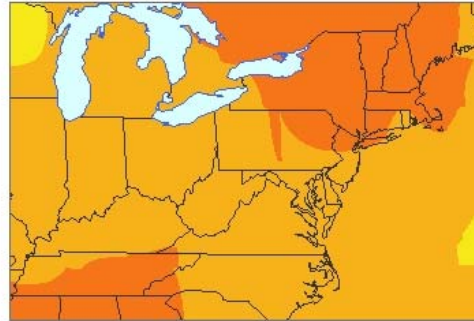
Modeling domains

Global climate (4x5°)



Projected Change in 2050s (A2) Summer Temperature

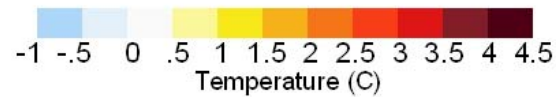
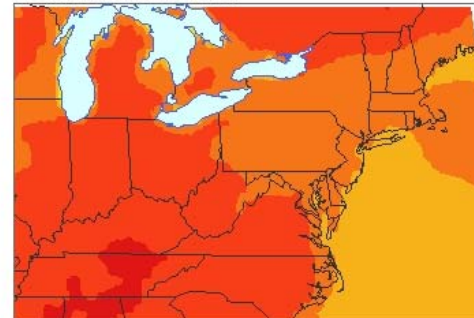
GISS GCM

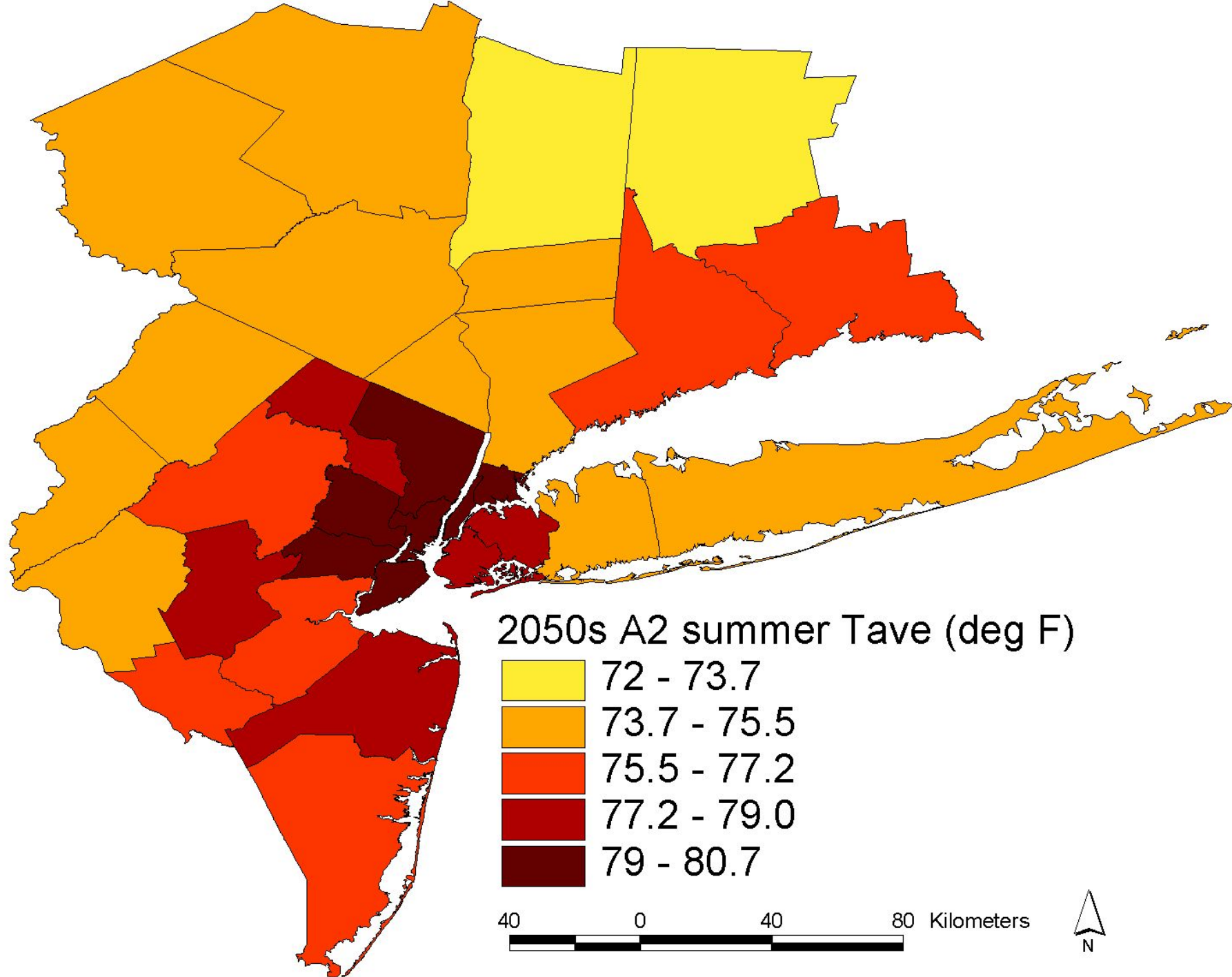


MM5 RCM 108 km



MM5 RCM 36 km



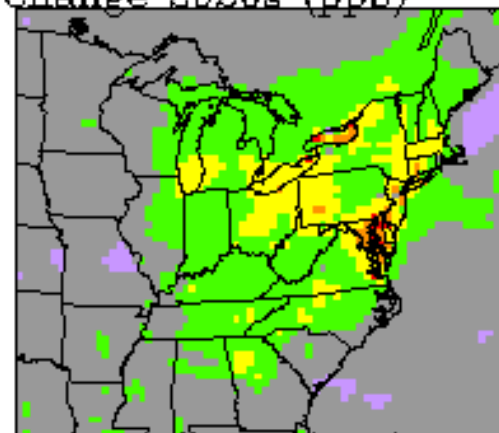


A2 Change in Ozone (ppb)

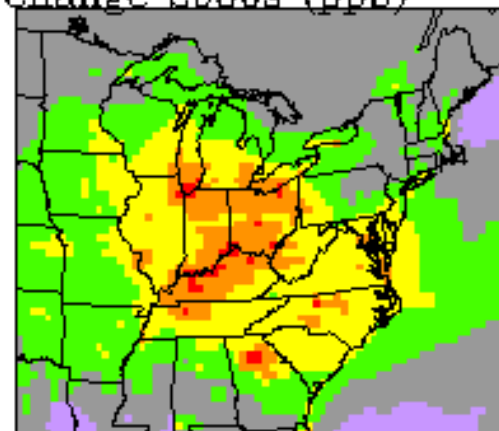
2020s
2050s
2080s



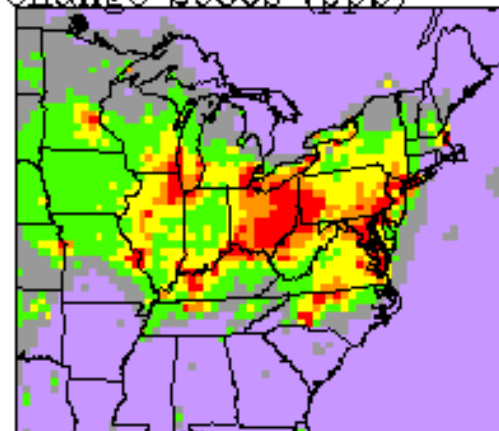
Absolute Change 2020s (ppb)

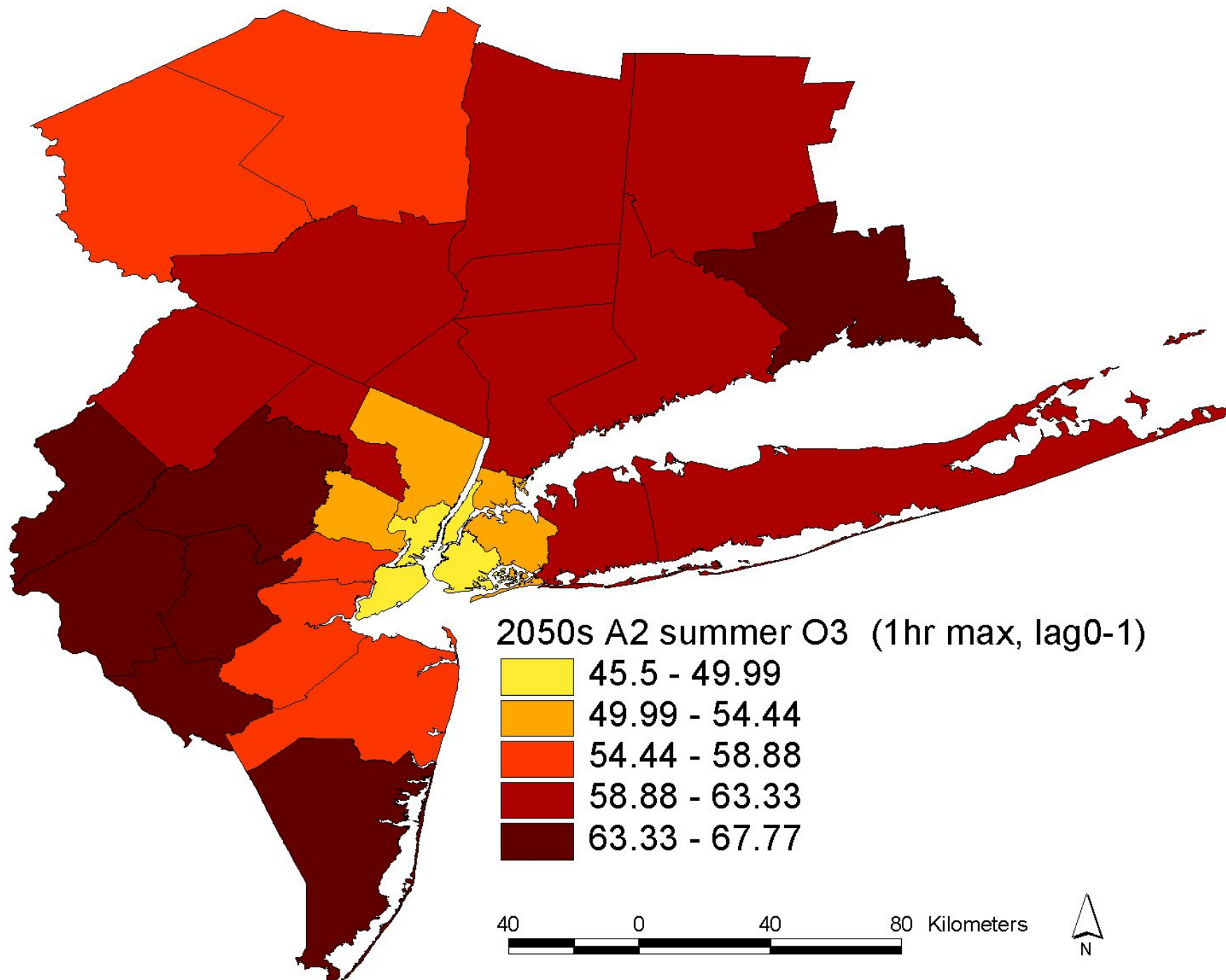


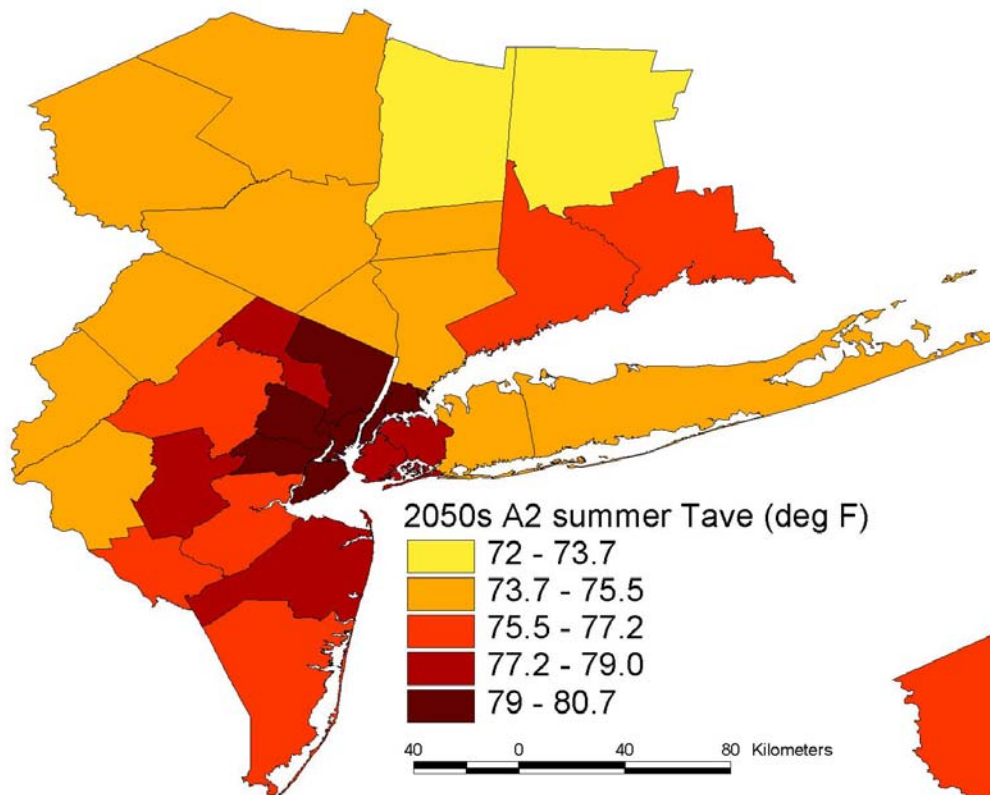
Absolute Change 2050s (ppb)



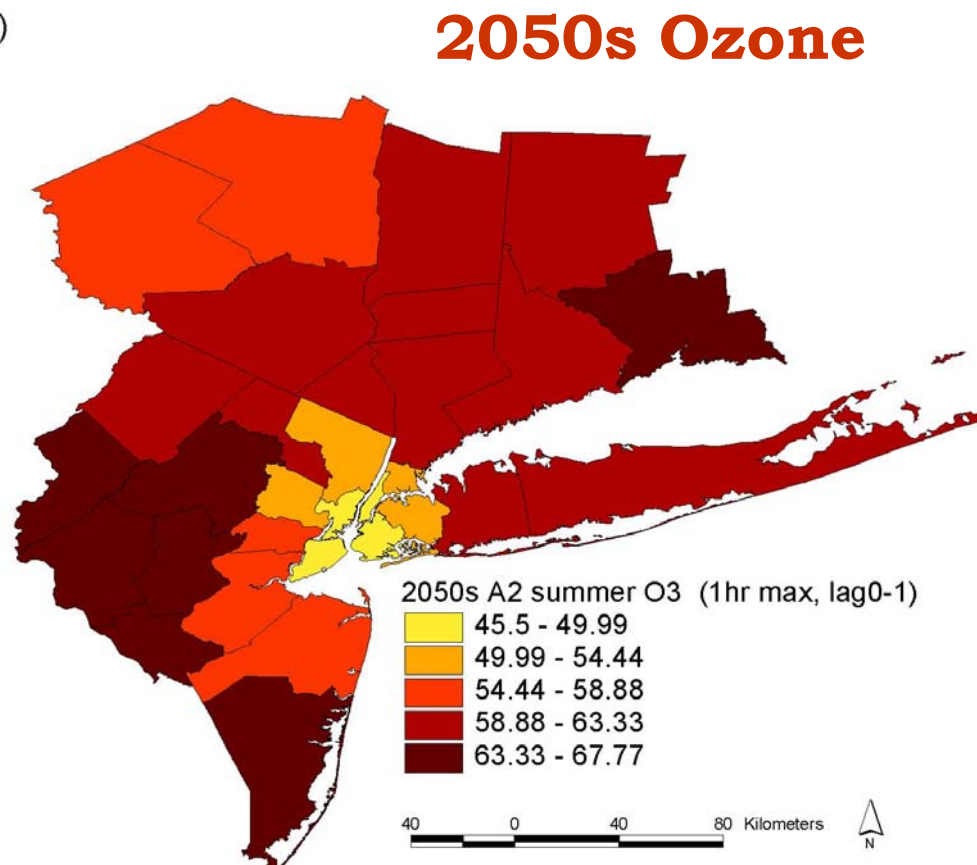
Absolute Change 2080s (ppb)





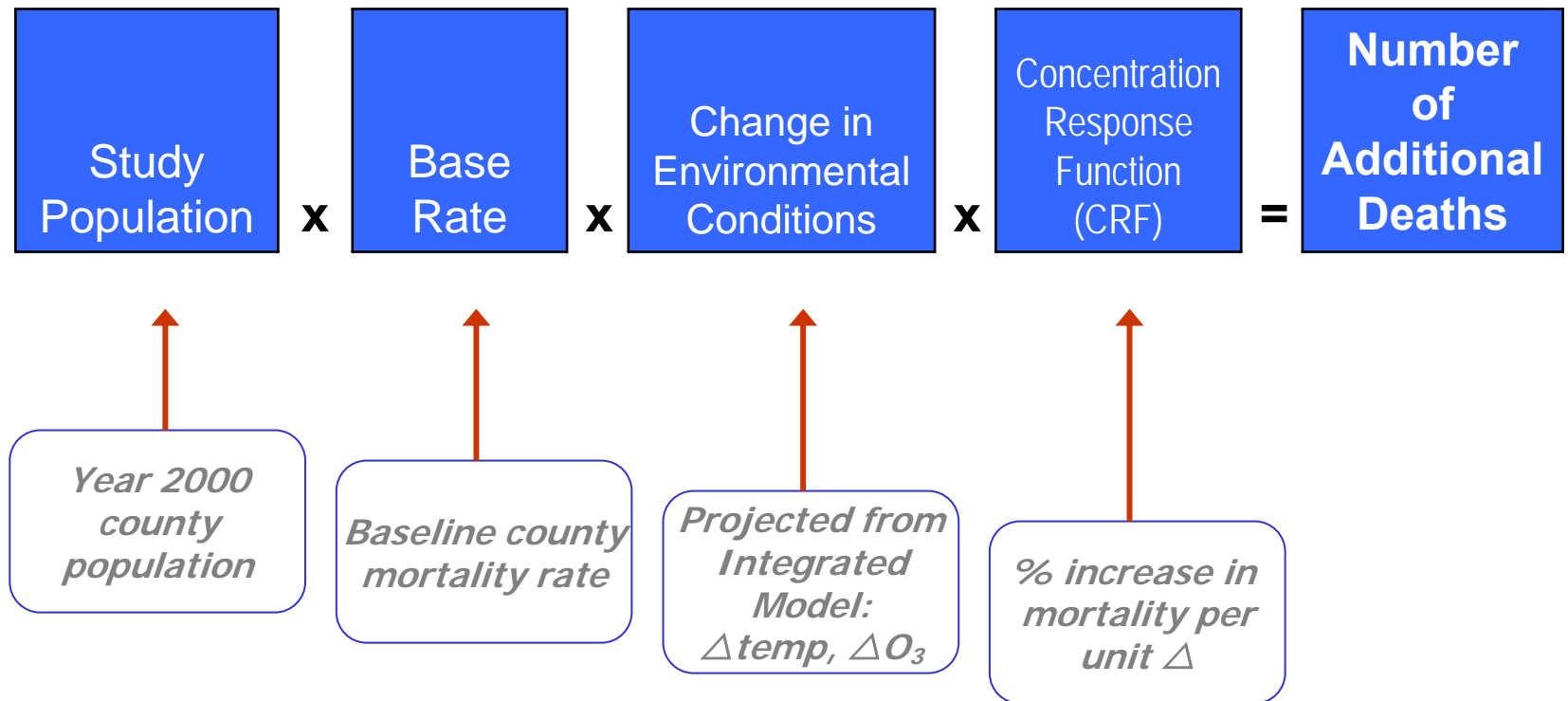


2050s Temperature

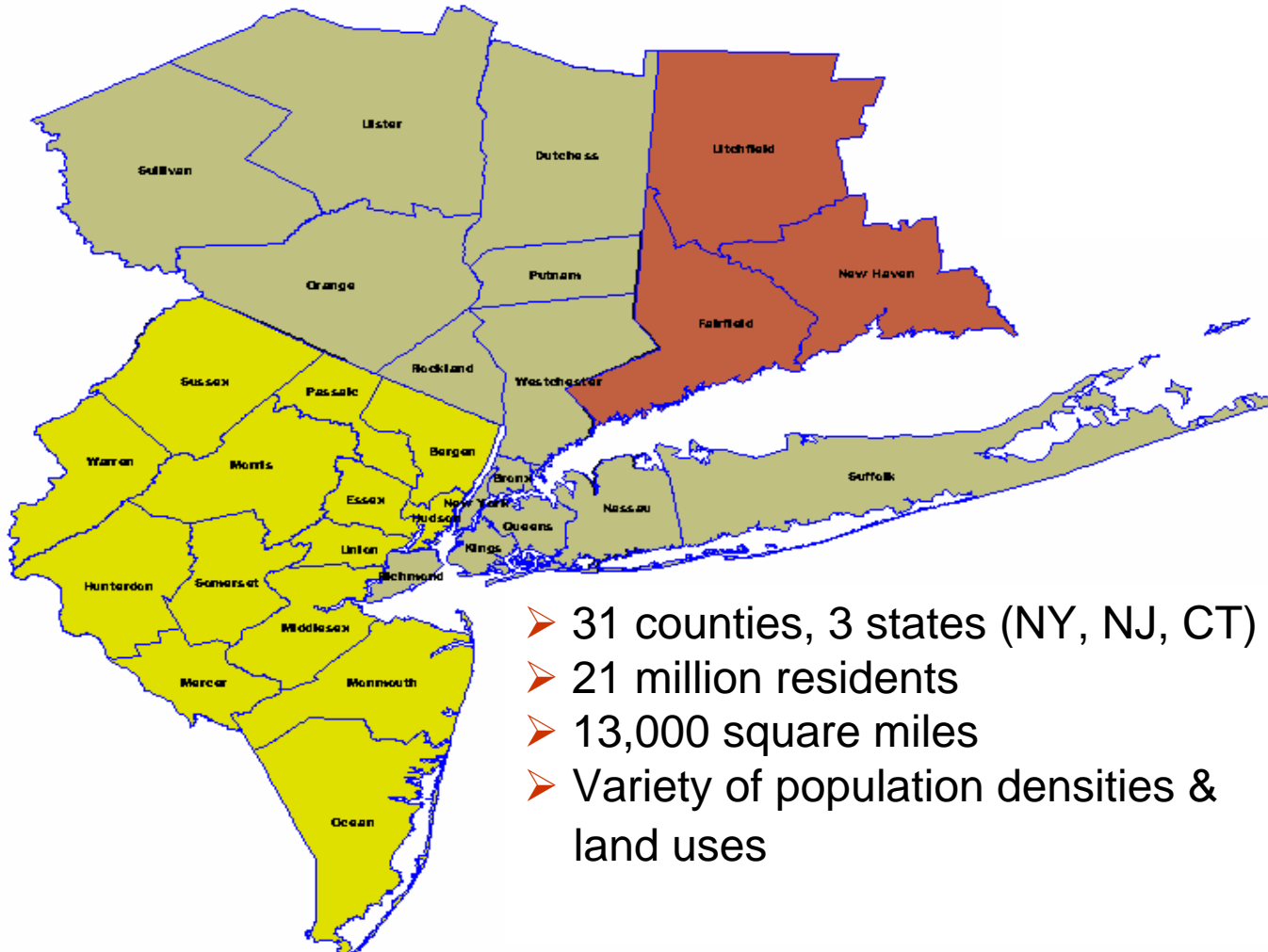


2050s Ozone

Methods 3: Risk Assessment



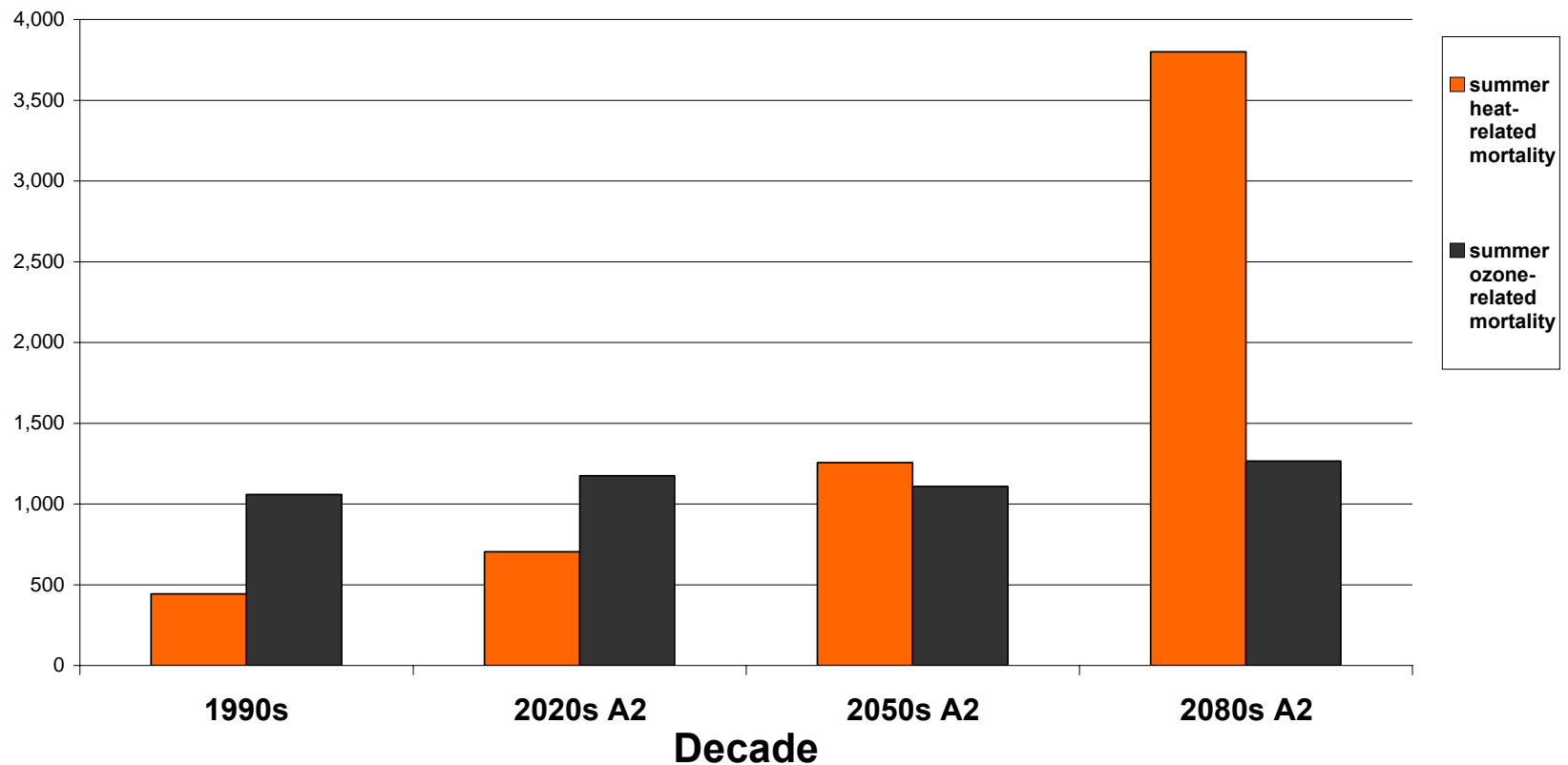
Health Impact Assessment Study Area: The New York Metropolitan Region

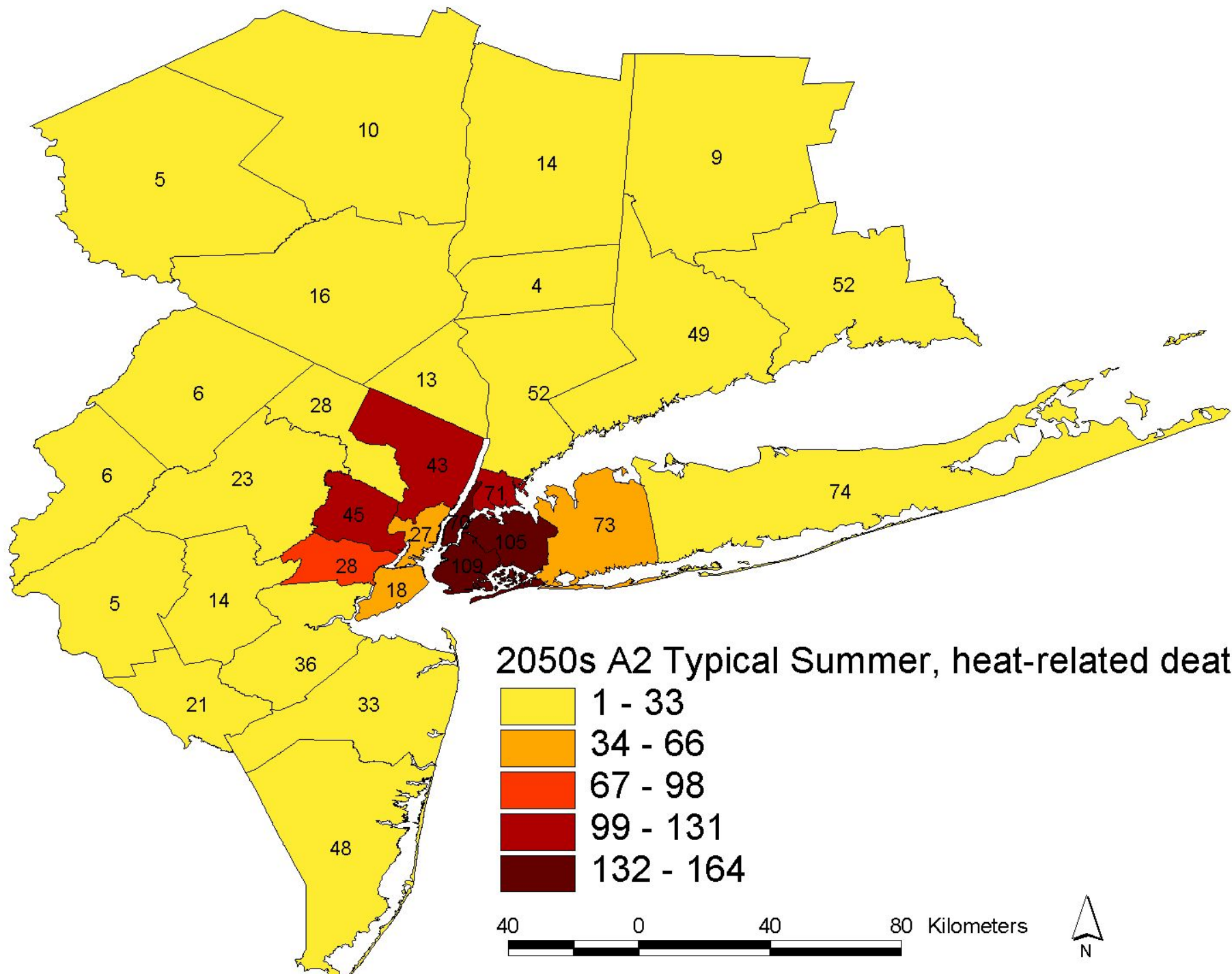


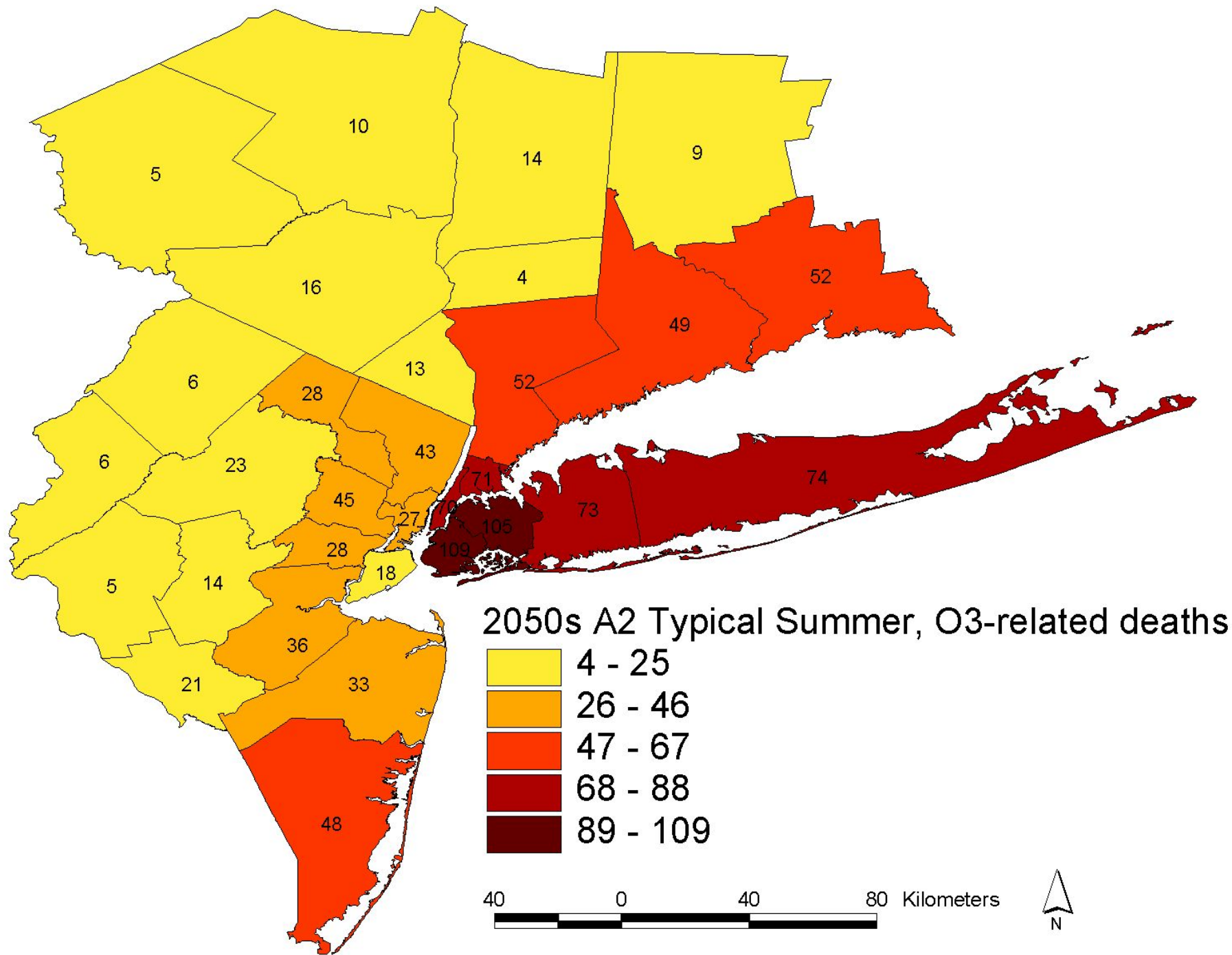
Results:

Comparative heat & O3 mortality risk assessment for mid-decadal summers (JJA)

Climate-Related Mortality, Current vs. Future Model Simulations







**Sensitivity analysis:
Mortality Risk Assessment results using alternative
IPCC SRES scenario**

	1990s	2050s B2 (lower CO ₂ emissions)	2050s A2 (higher CO ₂ emissions)
Summer heat-related mortality	443	1,025 131.4%	1,256 183.5%
Summer O₃- related mortality	1,059	1,139 7.6%	1,108 4.6%

Summary

Location-specific projections of heat and ozone-related deaths associated with changing climate have been developed for the NYC metro area

Both temperature and ozone were significantly associated with daily deaths when included simultaneously in time series model

A dynamically-downscaled climate/air quality modeling system was developed to estimate 36 km temp and ozone in future decades

Geographic distribution of environmental impacts differed for temp and ozone

Relative mortality impact of temperature vs. ozone projected to increase over time

Research Needs

**Include other global and regional climate models -
“ensemble” concept**

**Develop PM2.5 estimates using integrated modeling
system**

Include other health outcomes in addition to mortality

Include adaptation module for heat effects

**Get more people involved - training; funding;
communication**